



Sir Charles Gairdner Hospital

Referral to: MULTIDISCIPLINARY FOOT ULCER CLINIC

DATE

CLIENT DETAILS *(use patient sticker if available)*

Given Names:

Surname:

Date of Birth:

Address:

Postcode:

Phone Home:

Work:

Mobile:

Hospital Unit Medical Record Number (if known):

Medicare Number:

expiry date:

MEDICAL HISTORY

☐ T1DM ☐ T2DM ☐ PAD ☐ IHD ☐ CRF ☐ Dialysis ☐ Peripheral Neuropathy

Smoking status (current/past/never):

Diabetes duration (if applicable):

Any known allergies:

Current medication (attach medication list):

Prior imaging (attach results):

Height:

Weight:

BMI:

REASON FOR REFERRAL

☐ Foot Ulcer ☐ Suspected Charcot Foot ☐ Other (please provide detail below)

☐ Recurrent Ulcer

Brief description of main concern:

SINBAD score:

Category	Definition	Score
Site	Forefoot	0
	Midfoot and hindfoot	1
Ischaemia	Pedal blood flow intact: at least one palpable pulse	0
	Clinical evidence of reduced pedal flow	1
Neuropathy	Protective sensation intact	0
	Protective sensation lost	1
Bacterial infection	None	0
	Present	1
Area	Ulcer <1 cm ²	0
	Ulcer ≥1 cm ²	1
Depth	Ulcer confined to skin and subcutaneous tissue	0
	Ulcer reaching muscle, tendon or deeper	1
Total possible score		6

DURATION ☐ <4 weeks ☐ 4 – 12 weeks ☐ >3 months

FOOT PULSES – tick if palpable

Right DP ☐ PT ☐ **Left** DP ☐ PT ☐

CURRENT TREATMENT

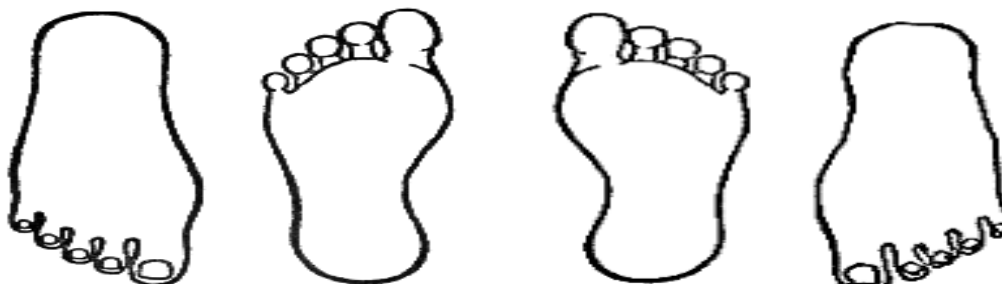
Wound Care _____

Antibiotics _____

Offloading _____

Other _____

Please indicate areas of concern on foot diagram:

**MEDICAL/SURGICAL SPECIALISTS**

(Name, specialty, public/private, current involvement, date of last & next appointment)

REFERRAL SOURCE DETAILS**GENERAL PRACTITIONER**

Name:	GP:
	Provider #:
Title/Designation:	Practice:
Practice:	
Phone Number:	Phone Number:
Fax:	Fax:

Fax to Central Referrals 1300 365 056

Please address any written referrals to the 'Multidisciplinary Foot Ulcer Clinic'

**For inter hospital transfers, please fax the referral directly to the Podiatry Department
Fax: 6457 1568**

**For any urgent referrals (need to be seen in less than seven days) – please contact
the on-duty Vascular Registrar via switchboard or the MDFU Coordinator via 6457
3373.**

**All other queries can be directed to the SCGH Multidisciplinary Foot Ulcer Clinic
Phone: 6457 3373 Fax: 6457 1568**

Please Attach All Relevant Investigations, Reports & Results

REFERRAL ELIGIBILITY

OR

Outpatient with complex medical needs
presenting with either:

- Foot ulcer
- Foot infection

which is static or deteriorating OR not
responding to best practice

Reason for referral:

- a. Unclear aetiology of ulcer
- b. Suspected or confirmed osteomyelitis
- c. Suspected or confirmed PAD including dry stable necrosis

Suspected or confirmed active Charcot
foot:

- hot, red swollen foot
- in the presence of peripheral neuropathy with
- minimal or no reported trauma / progressing deformity

**For patients with acute signs and
symptoms such as ascending cellulitis
and/or present as systemically unwell,
please refer directly to the closest
Emergency Department**